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Under the Paperwork	to respond to a colle	respond to a collection of information unless it displays a valid OMB control number						
Ef.	Austication No	Complete if Known Application Number 10/773,681-Conf. #7805						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009						ebruary 6, 2004		
						radeep Bahl		
			Examiner Nam					
Applicant claims	0.450							
	Art Unit			1103.70234US00				
TOTAL AMOUNT OF PA		(\$) 1,920.00	Attorney Dock	et No.	71103.7023	40300		
METHOD OF PAYN	IENT (check all ti	nat apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATIO								
1. BASIC FILING, SEA								
		G FEES S <u>Small Entity</u>	EARCH FEES Small Entit		ATION FEE Small Entity		ļ	
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees Paid	<u>년 (\$)</u>	
Utility	330	165 54	0 270	220	110			
Design	220	110 10	0 50	140	70			
Plant	220	110 33	0 165	170	85			
Reissue	330	165 54	0 270	650	325			
Provisional	220	110	0 0	0	0			
2. EXCESS CLAIM FE	ES					<u>Sn</u>	nall Entity	
Fee Description							Fee (\$)	
Each claim over 20 (in						52	26	
Each independent clair	•	g Reissues)				220	I 10	
Multiple dependent cla					10 d. B	390	195	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	· ·	uitipie Deper e (\$)	ndent Claims Fee Paid (\$)		
- or HP : HP = highest number of tot					<u>= 191</u>	ree raid (\$)		
Indep. Claims			Fee Paid (\$)					
- or HP =		=		•				
HP = highest number of inc	dependent claims paid	for, if greater than 3.		•				
3. APPLICATION SIZE								
If the specification an	d drawings exceed	d 100 sheets of pap	er (excluding elec	tronically fil	ed sequence	or computer		
nsungs under 3 / C	FK 1.52(e)), the a hereof See 35 II	application size fee .S.C. 41(a)(1)(G) ar	aue is \$270 (\$13) id 37 CFR 1 16(s	o ior small en	itity) for each	additional 50		
Total Sheets	Extra Sheets		additional 50 or fo		Fee (\$)	Fee Pai	d (\$)	
		/50 =				=		
4. OTHER FEE(S)		-		,		Fees Pa	id (\$)	
Non-English Specif	ication, \$130 fee	(no small entity di	scount)					
Other (e.g., late filin	ıg surcharge): 12	53 Extension for	esponse within	third month	. / 07	1,110		
), <u>7</u> 8	01 Request for co	ntinuec examin	iation (RCE)	(see 37	810.0	JU	
SUBMITTED BY	7 17		Besistantian M.					
Signature	10 V	() Dell'	Registration No. (Attorney/Agent)	32,950	Telephone	617.646.8	000	
Name (Print/Type) Edmu	und J. Walsh		-	· · · · · · · · · · · · · · · · · · ·	Date	February <u>43</u>	_, 2009	
-		Certificate of Electr	onic Filing Under 3	7 CFR 1.8				
I hereby certify that this p	paper (along with any	paper referred to as b	eing attached or en	plosed) is being	transmitted via	the Office electron	nic filing	
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Dated: February / ?	ノ、2009	_	Signature: 1/	wee 1	Juno,	W/C		